

DEPARTMENT USE ONLY

License Number

Approved by

Date

DEALER CORPORATE OFFICER CHANGE APPLICATION

READ CAREFULLY BEFORE TYPING OR PRINTING

1. **BUSINESS NAME** (Include any assumed name or corporation name.)

2. **DEALER NUMBER**

3. **BUSINESS TYPE** (Check only one.)

☐ Individual Owner (one person or husband and wife)

☐ Partnership (two or more people or husband and wife)

☐ Corporation

☐ Limited Liability Company

4. **BUSINESS TELEPHONE**

()

5. **BUSINESS LOCATION**

(Street)

(City)

(County)

(Zip)

6. **OWNERS, PARTNERS, CORPORATE OFFICERS AND DIRECTORS**

List information for all owners, partners, corporate officers and directors. For corporations, "owners" includes any stockholder holding 25% or more of the stock issued. Limited liability companies must include information for all members and managers, if any. Attach additional sheet if necessary. All new persons listed are considered applicants and must complete fingerprint cards.

FULL NAME	HOME ADDRESS	(Street)	(City/State/Zip)	HOME TELEPHONE	BIRTHDATE
				()	
FULL NAME	HOME ADDRESS	(Street)	(City/State/Zip)	HOME TELEPHONE	BIRTHDATE
				()	
FULL NAME	HOME ADDRESS	(Street)	(City/State/Zip)	HOME TELEPHONE	BIRTHDATE
				()	
FULL NAME	HOME ADDRESS	(Street)	(City/State/Zip)	HOME TELEPHONE	BIRTHDATE
				()	
FULL NAME	HOME ADDRESS	(Street)	(City/State/Zip)	HOME TELEPHONE	BIRTHDATE
				()	
FULL NAME	HOME ADDRESS	(Street)	(City/State/Zip)	HOME TELEPHONE	BIRTHDATE
				()	

7. **ARRESTS OR CONVICTIONS**

Have any of the new applicants listed in Item 6 been arrested or convicted of a crime other than traffic violation(s) within the past ten (10) years?

☐ NO ☐ YES If YES, give the name(s) of the applicant(s) involved and complete details on a separate sheet.

8. **APPLICANT HISTORY**

A. Have any of the new applicants listed in Item 6 been refused the issuance of a vehicle dealer, salvage vehicle agent, or broker license or had a vehicle dealer, salvage vehicle agent, or broker license revoked or suspended in Michigan or any other state?

☐ NO ☐ YES If YES, give the name(s) of the applicant(s) involved and complete details on a separate sheet.

B. Is or was any new applicant listed in Item 6 licensed as a vehicle dealer, broker, or salvage vehicle agent in Michigan or any other state within the past five (5) years?

☐ NO ☐ YES If YES, complete the following:

APPLICANT(S) NAME(S)

STATE(S) LICENSED IN

DATES LICENSED

(From To)

DEALERSHIP NAME(S)

DEALER LICENSE NUMBER(S)

DEALERSHIP ADDRESS(ES)

TELEPHONE NUMBER(S)

8. C. Number of vehicles bought in Michigan by the business(es) identified in Item 8B during the past 12 months:	D. Number of vehicles sold in Michigan by the business(es) identified in Item 8B during the past 12 months:
---	--

E. Is or was any new applicant listed in Item 6 employed by or an agent for any dealer in Michigan or any other state within the past five (5) years?

☐ NO ☐ YES If YES, complete the following:

APPLICANT(S) NAME(S) _____

DEALERSHIP NAME(S) _____

DEALERSHIP NAME(S) _____

JOB TITLE(S)	DATES EMPLOYED (From _____ To _____)
--------------	--

F. Is any new applicant listed in Item 6 related by birth or marriage to any currently or previously licensed Michigan vehicle dealer, broker, or salvage vehicle agent?

☐ NO ☐ YES If YES, complete the following:

APPLICANT(S) NAME(S)	RELATIONSHIP	LICENSEE'S NAME(S)
DEALERSHIP NAME(S)	DEALER LICENSE NUMBER(S)	
DEALERSHIP ADDRESS(ES)		

G. For each new applicant listed in Item 6, list name(s), address(es), and phone number(s) of employer(s) for the past five (5) years other than the dealers listed in Items 8B or 8E. Also, list job title and dates of employment for each applicant. If an applicant was self-employed, list name, address, and type of business. If unemployed, list name, "UNEMPLOYED," and dates of unemployment. Attach additional sheet(s), if necessary.

APPLICANT #1	EMPLOYER NAME
EMPLOYER ADDRESS	EMPLOYER TELEPHONE
JOB TITLE(S)	DATES EMPLOYED (From _____ To _____)
APPLICANT #2	EMPLOYER NAME
EMPLOYER ADDRESS	EMPLOYER TELEPHONE
JOB TITLE(S)	DATES EMPLOYED (From _____ To _____)
APPLICANT #3	EMPLOYER NAME
EMPLOYER ADDRESS	EMPLOYER TELEPHONE
JOB TITLE(S)	DATES EMPLOYED (From _____ To _____)
APPLICANT #4	EMPLOYER NAME
EMPLOYER ADDRESS	EMPLOYER TELEPHONE
JOB TITLE(S)	DATES EMPLOYED (From _____ To _____)

9. BUSINESS REFERENCES

List names, complete addresses, and phone numbers of at least three business references for each new applicant listed in Item 6. Attach additional sheets, if necessary.

APPLICANT'S NAME	NAME OF REFERENCE	STREET/CITY/ZIP	TELEPHONE NUMBER	
	1.		()	
	2.		()	
	3.		()	
APPLICANT'S NAME	NAME OF REFERENCE	STREET/CITY/ZIP	TELEPHONE NUMBER	
	1.		()	
	2.		()	
	3.		()	
	APPLICANT'S NAME	NAME OF REFERENCE	STREET/CITY/ZIP	TELEPHONE NUMBER
		1.		()
2.			()	
	3.		()	
	APPLICANT'S NAME	NAME OF REFERENCE	STREET/CITY/ZIP	TELEPHONE NUMBER
		1.		()
2.			()	
	3.		()	

10. PRIVATE VEHICLE SALES

Has any new applicant listed in Item 6 bought and sold more than five vehicles within the past 12 months which were privately owned at the time of sale?

☐ NO ☐ YES If YES, complete the following and enclose copies of purchase and sales documents for each vehicle listed below.

An investigation of these vehicles will be conducted. Additional processing time may be required.

Attach additional sheets, if necessary.

YEAR	VEHICLE MAKE	VEHICLE IDENTIFICATION NUMBER (VIN)
1.		
2.		
3.		
4.		
5.		
6.		
7.		
8.		
9.		
10.		

11. SIGNATURES AND CERTIFICATIONS ALL APPLICANTS LISTED IN ITEM 6 MUST SIGN.

I/we certify that the statements contained in this application are true. I/we as owner(s), partner(s), or officer(s) or director(s) of the corporation have the authority to sign this application. I/WE UNDERSTAND THAT ANY MISLEADING, INCOMPLETE, OR FALSE STATEMENT MAY BE GROUNDS FOR DENIAL OF THIS APPLICATION OR SUSPENSION OR REVOCATION OF THE LICENSE ISSUED.

I/we hereby grant the licensing authority in any state or jurisdiction listed in Items 8B and 8E authority to release information regarding any previous license applications, licensing history, and disciplinary actions or sanctions to the Secretary of State or his/her deputies.

I/we hereby grant the employers listed in Items 8E and 8G authority to release information concerning my/our employment history to the Secretary of State or his/her deputies.

I/we certify that the persons named on this license are not acting as the alter ego, in the place of, or on behalf of, any other person or persons in seeking this license.

I/we stipulate and agree that any legal process affecting this business served on the Secretary of State or his/her deputies shall have the same effect as if personally served on me/us. I/we agree that this appointment shall remain in force as long as any liability of this business remains outstanding within the State of Michigan.

Printed Name	Signature	Title	Date
Printed Name	Signature	Title	Date
Printed Name	Signature	Title	Date
Printed Name	Signature	Title	Date
Printed Name	Signature	Title	Date
Printed Name	Signature	Title	Date
Printed Name	Signature	Title	Date
Printed Name	Signature	Title	Date

CHECKLIST

- A. Check to see that you have completed this form entirely.
- B. Be sure to include fingerprint cards prepared by an official police agency and completed according to the instructions attached to the fingerprint cards for each new applicant in Item 6 on Page 1.

Questions concerning this application should be directed to the Licensing Section at (517) 373-9460. Please review carefully before mailing to:

Michigan Department of State
Bureau of Automotive Regulation
Licensing Section
Lansing, Michigan 48918-1210
